



JOHN McMAHON
SHERIFF-CORONER

SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
VERIFICATION OF CONCEALED WEAPON(S) FOR LICENSE

APPLICANT _____

has completed the San Bernardino County Sheriff's Department weapon(s) verification.

Date _____

Applicant Signature

From:

Home Address: _____ **To:** _____

City: _____ **Zip:** _____

Mailing Address _____

City: _____ **Zip:** _____

Employer Name: _____ **Occupation:** _____

Employer Address: _____

City: _____ **Zip:** _____

Phone Numbers: **Home #:** _____ **Work #:** _____

Cell #: _____ **SSN:** _____

E-Mail Address: _____

Height	Weight	Eye Color	Hair Color	DOB
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OFFICE USE ONLY

MANUFACTURER	SERIAL NUMBER	CALIBER	MODEL
1.			
2.			
3.			